

clause is needed since fixed rates are authorized by OMB Circular and a clause is not provided in the Federal Acquisition Regulation (FAR).

Respondents: non-profit institutions;
Annual Number of Responses: 376;
Average Burden per Response: 10 hours;
Estimated Burden: 3,760 hours.

Send comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20201. Written comments should be received within 60 days of this notice.

Dated: May 21, 1996.

Dennis P. Williams,

Deputy Assistant Secretary, Budget.

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Centers for Disease Control and Prevention

[Announcement 647]

National Institute for Occupational Safety and Health; Centers for Agricultural Disease and Injury Research, Education, and Prevention

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program with universities or university-affiliated medical centers for the establishment of Centers for Agricultural Disease and Injury Research, Education, and Prevention. CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669 (a) and 671(e)(7)).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care,

and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants include State and private universities and university-affiliated, not-for-profit medical centers within the United States (U.S.). The restriction of eligible applicants is due to the FY 1990 appropriations language which initiated this program and states that centers for agricultural occupational safety and health will be established at universities. Because of programmatic and regional differences throughout agriculture in the U.S., only one center will be established in any Department of Health and Human Services (DHHS) region. (Those Regions and their States are: Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; Region II: New Jersey, New York, Puerto Rico, and the Virgin Islands; Region III: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia; Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; Region V: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas; Region VII: Iowa, Kansas, Missouri, and Nebraska; Region VIII: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming; Region IX: American Samoa, Arizona, California, Guam, Hawaii, Nevada, Trust Territory, Wake Islands, and North Mariana Island; and Region X: Alaska, Idaho, Oregon, and Washington.) Currently, there is a Center in DHHS Region VI, which includes the States of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. Therefore, the regional emphasis for this announcement includes all DHHS Regions, with the exception of Region VI.

Availability of Funds

Approximately \$4,300,000 will be available in FY 1996 to fund up to seven additional Agricultural Centers. It is expected that the average award will be approximately \$500,000. It is expected that the awards will begin on or about September 30, 1996, and will be made for 12-month budget periods within project periods of 3 to 5 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Grant applications should be focused on the research priorities described in

the section "FUNDING PRIORITIES" that includes new research priorities developed in a process which resulted in defining a National Occupational Research Agenda. Grant proposals in these areas will compete for the available funds as noted in the previous paragraph, as well as for funds announced through Requests for Applications that are anticipated in FY 1996 and FY 1997.

Purpose

This cooperative agreement program will significantly strengthen the occupational and public health infrastructure by building on past Agricultural Center accomplishments aimed at integrating resources for occupational safety and health research and public health prevention programs at the State and local levels. It is designed to address the research, education, and intervention activities that are unique to agriculture in the Region. To achieve this objective, the program will establish Centers for agricultural disease and injury research, education, and prevention. The program objectives are as follows:

1. Develop and conduct research related to the prevention of occupational disease and injury of agricultural workers and their families.
2. Develop and implement model educational, outreach, and intervention programs promoting health and safety for agricultural workers and their families.
3. Develop and evaluate control technologies to prevent illness and injuries among agricultural workers and their families.
4. Develop and implement model programs for the prevention of illness and injury among agricultural workers and their families.
5. Evaluate agricultural injury and disease prevention and educational materials and programs implemented by the Center.
6. Provide consultation and/or training to researchers, health and safety professionals, graduate/professional students, and agricultural extension agents and others in a position to improve the health and safety of agricultural workers.
7. Develop linkages and communication with other governmental and non-governmental bodies involved in agricultural health and safety with special emphasis on communications with other CDC/NIOSH sponsored agricultural health and safety programs.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for conducting activities under A. (Recipient Activities) below, and CDC/NIOSH will be responsible for conducting activities under B. (CDC/NIOSH Activities) below:

A. Recipient Activities

1. Develop and conduct research related to the prevention of occupational disease and injury of agricultural workers and their families. An emphasis should be placed on multi-disciplinary research efforts and on the development and evaluation of control technologies. Emphasis should also be given to populations not well represented in the current research such as hired farm laborers, migrant/seasonal workers, women and children.

2. Develop a research protocol(s) for the Center for agricultural disease and injury research, education, and prevention. Consult with regional stakeholders (e.g. agricultural organizations, advisory groups, and workers and other interested parties) as appropriate in the development of a program of research. Obtain peer review of the protocol and revise and finalize it as required for final approval by CDC/NIOSH.

3. Develop and implement model educational, outreach, and intervention programs promoting health and safety for agricultural workers and their families. These should include bilingual materials and multi-media presentations as appropriate to reach the target agricultural populations within the Regions. Emphasis should be given to reaching underserved agricultural populations such as hired farm laborers, migrant/seasonal workers, women and children.

4. Develop and implement model programs for the prevention of illness and injury among agricultural workers and their families. Additional emphasis should be placed on the development of control technology interventions suited to the agricultural workplace.

5. Provide assistance and direction to community-based groups in the region (e.g. Farm youth or adult associations, extension services, schools, local government groups, migrant worker groups, medical clinics or treatment centers, worker associations, etc.) for the development and implementation of community projects including intervention research and prevention demonstration projects for preventing work related injuries and illness among farm workers and their families.

6. Develop linkages and communication with other

governmental and nongovernmental bodies involved in agricultural health and safety with special emphasis on communications with other CDC/NIOSH-sponsored agricultural health and safety programs, some of which will be identified by CDC/NIOSH. Where appropriate, collaborate with CDC/NIOSH scientists on complementary research areas.

7. Assist in reporting and disseminating research results and relevant health and safety education and training information to appropriate Federal, State, and local agencies, health care providers, the scientific community, agricultural workers and their families, management and union or other worker representatives, and other CDC/NIOSH Centers for agricultural disease and injury research, education, and prevention, some of which will be identified by CDC/NIOSH. Emphasis should be placed on the rapid dissemination of significant public health findings and the translation of research findings into prevention efforts.

8. In collaboration with other CDC/NIOSH Agricultural Centers, develop and utilize a uniform evaluation scheme for Agricultural Center research, education/training, and outreach/intervention activities.¹

B. CDC/NIOSH Activities

1. Provide technical assistance through site visits and correspondence in the areas of program development, implementation, maintenance, and priority setting related to the cooperative agreement.

2. Provide scientific collaboration where needed.

3. Assist in the reporting and dissemination of research results and relevant health and safety education and training information to appropriate Federal, State, and local agencies, health-care providers, the scientific community, agricultural workers and their families, management and union representatives, and other CDC/NIOSH Centers for agricultural disease and injury research, education, and prevention. Emphasis should be placed on the rapid dissemination of significant public health findings and the translation of research findings into prevention efforts.

¹ A Framework for Assessing the Effectiveness of Disease and Injury Prevention. Morbidity and Mortality Weekly Report, March 27, 1992/Vol.41/Jn. The MMWR can be accessed through CDC's DocView, World-Wide Web (<http://www.cdc.gov/epo/mmwr/mmwr.html>).

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

1. Responsiveness to the objectives of the cooperative agreement program, including the applicant's understanding of the objectives of the proposed cooperative agreement and the relevance of the proposal to the objectives. (20%)

2. Feasibility of meeting the proposed goals of the cooperative agreement program including the proposed schedule for initiating and accomplishing each of the activities of the cooperative agreement and the proposed method for evaluating the accomplishments. (20%)

3. Strength of the program design in addressing the distinct characteristics, specific populations, and needs in agricultural research and education for the region. (20%)

The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

a. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

b. The proposed justification when representation is limited or absent.

c. A statement as to whether the design of the study is adequate to measure differences when warranted.

d. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits will be documented.

4. Training and experience of proposed Program Director, staff, and organization. This includes: (a) a Program Director who is a distinguished scientist and technical expert and staff with training or experience sufficient to accomplish proposed program, and (b) a director, staff, and organization with proven accomplishments in the field of agricultural safety and health and the infrastructure necessary to access the agricultural populations in the regions served by the Agricultural Center. (20%)

5. Strength of the proposed program for agricultural safety and health in the areas of prevention, research, education, and multi-disciplinary approach. (10%)

6. Efficiency of resources and novelty of program. This includes the efficient use of existing and proposed personnel with assurances of a major time commitment of the Project Director to the program and the novelty of program approach. (5%)

7. The strength of program plans for development and implementation of a uniform evaluation scheme for Agricultural Center research, education/training, and outreach/intervention activities. (5%)

8. Human Subjects (Not Scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for protection of human subjects. Recommendations on the adequacy of protections include: (1) protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects, or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

9. Budget Justification (Not Scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit.

If SPOCs have any State process recommendations on applications submitted to CDC, they should be sent to Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

(The Catalog of Federal Domestic Assistance Number for this program is 93.262)

Other Requirements

Paperwork Reduction Act

Projects funded through the cooperative agreement mechanism of this program involving the collection of information from 10 or more individuals will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Women and Minority Inclusion Policy

It is the policy of the Centers of Disease Control and Prevention (CDC) to ensure that women and racial and ethnic groups will be included in CDC supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority population are appropriately represented for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. In conducting the review of applications for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment and assigned score. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance on this policy is contained in the Federal

Register, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947-47951.

Funding Priorities

The NIOSH program priorities, listed below, are applicable to all of the above types of grants listed under the section "MECHANISMS OF SUPPORT". These priority areas were developed by NIOSH and its partners in the public and private sectors to provide a framework to guide occupational safety and health research in the next decade—not only for NIOSH but also for the entire occupational safety and health community. Approximately 500 organizations and individuals outside NIOSH provided input into the development of the National Occupational Research Agenda (NORA). This attempt to guide and coordinate research nationally is responsive to a broadly perceived need to address systematically those topics that are most pressing and most likely to yield gains to the worker and the nation. Fiscal constraints on occupational safety and health research are increasing, making even more compelling the need for a coordinated and focused research agenda. NIOSH intends to support projects that facilitate progress in understanding and preventing adverse effects among workers. The conditions or examples listed under each category are selected examples, not comprehensive definitions of the category. Investigators may also apply in other areas related to occupational safety and health, but the rationale for the significance of the research to the field of occupational safety and health must be presented in the grant application.

The Agenda identifies 21 research priorities. These priorities reflect a remarkable degree of concurrence among a large number of stakeholders. The NORA priority research areas are grouped into three categories: Disease and Injury, Work Environment and Workforce, and Research Tools and Approaches. The NORA document is available through the NIOSH Home Page; <http://www.cdc.gov/niosh/nora.html>.

NORA Priority Research Areas

Disease and Injury

Allergic and Irritant Dermatitis
Asthma and Chronic Obstructive
Pulmonary Disease
Fertility and Pregnancy Abnormalities
Hearing Loss
Infectious Diseases
Low Back Disorders
Musculoskeletal Disorders of the Upper
Extremities

Traumatic Injuries
 Work Environment and Workforce
 Emerging Technologies
 Indoor Environment
 Mixed Exposures
 Organization of Work
 Special Populations at Risk
 Research Tools and Approaches
 Cancer Research Methods
 Control Technology and Personal Protective Equipment
 Exposure Assessment Methods
 Health Services Research
 Intervention Effectiveness Research
 Risk Assessment Methods
 Social and Economic Consequences of Workplace Illness and Injury
 Surveillance Research Methods
 Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before July 10, 1996.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. Late Applications: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 647. You will receive a complete program description and information on application procedures and application forms. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6546, Internet: oxb3@opspgo1.em.cdc.gov, fax (404) 842-6513.

Programmatic technical assistance may be obtained from Greg Kullman, Ph.D., Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1095 Willowdale Road, Morgantown, WV 26505-2888, telephone (304) 285-5711, Internet: gjkl@niords1.em.cdc.gov, fax (304) 285-5796.

There may be delays in mail delivery as well as difficulty in reaching the CDC Atlanta offices during the 1996 Summer Olympics (July 19-August 4). Therefore, CDC suggests the following to get more timely responses to any questions: use Internet/email; follow all instructions in this announcement; and leave messages on the contact person's voice mail.

Please refer to Announcement 647 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the "INTRODUCTION" Section through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: May 22, 1996.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).

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BILLING CODE 4163-19-P

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Evaluation of Family Support Programs.

OMB Number: New collection.

Description: This study, conducted under a contract to Abt Associates, Inc., responds to the requirement of Subpart 2, Section 435 of OBRA 1993, which directs the Secretary of Health and Human Services to evaluate the effectiveness of family support programs. The information collected will provide descriptive information about family support programs, including detailed information about program operations and variation among programs, and will address the question of the effectiveness of such programs in achieving their goals. The data collected will complement a previous review of existing evaluations of family support programs, and will provide prospective information on eight programs, including information about the operation of such programs and outcomes for families and children who participate. Information will be collected beginning in Fall, 1996, through interviews with parents, children, and teachers of children who are participants in family support programs. Domains of interest include adult and child strengths, home environment, child development, children's school success, development of children's social responsibility, family resources, family social support networks, adoption of healthy lifestyles, community environment, community resources, and community networks.

Respondents: Individuals or households, not-for-profit institutions.

ANNUAL BURDEN ESTIMATE

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Family Interview	1,085	3.1	1	3,340
Child Interview	845	3.4	25	715
Student Interview	245	2	.25	125
Teacher Questionnaire	825	2.8	.17	395